

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **NA18024368**

Date In: 20/2/18-12:44	Job description	Date & Time Completed	Done by
Ref No: NA18024368	SAS e-filing		
Veh No: SF 2404E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/2/18-23:20	i-Motor Claim Form	MT/0982949	20/2/18 22:16
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SLH 3177** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA18024368	Invoice Preparation Checklist	Amnt (\$) Int Bill	Amnt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	20/02/2018 12:44
Date Of Accident	19/02/2018 23:20
Exact Location Of Accident	JUNC EU TONG SEN ST & UPP PICKERING ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2404E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BETHLEHEM AUTO
Co Reg No	53347232J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC IMA A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5087016603-01
Cover Note Number	

### Driver

Name of Driver	NG HOR KIAT
NRIC No	S1707383D
Date Of Birth	15/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97368717
Fax Number	
Contact Number	OFFICE-97368717
EEmail Address	NOEMAIL

Address	BLK 540 ANG MO KIO AVENUE 10 #12-2402
Postcode	560540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STOPPING AT THE JUNCTION AS WAITING TRAFFIC LIGHT GREEN ARROW IN ORDER TO PROCEED. SUDDENLY VEHICLE B COMING FROM BEHIND, HE WAS TRYING TO AVOID THE COLLISIONS AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH3117T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### DETAILS OF INJURED PERSON 1

Name	NG HOR KIAT
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJF2404E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

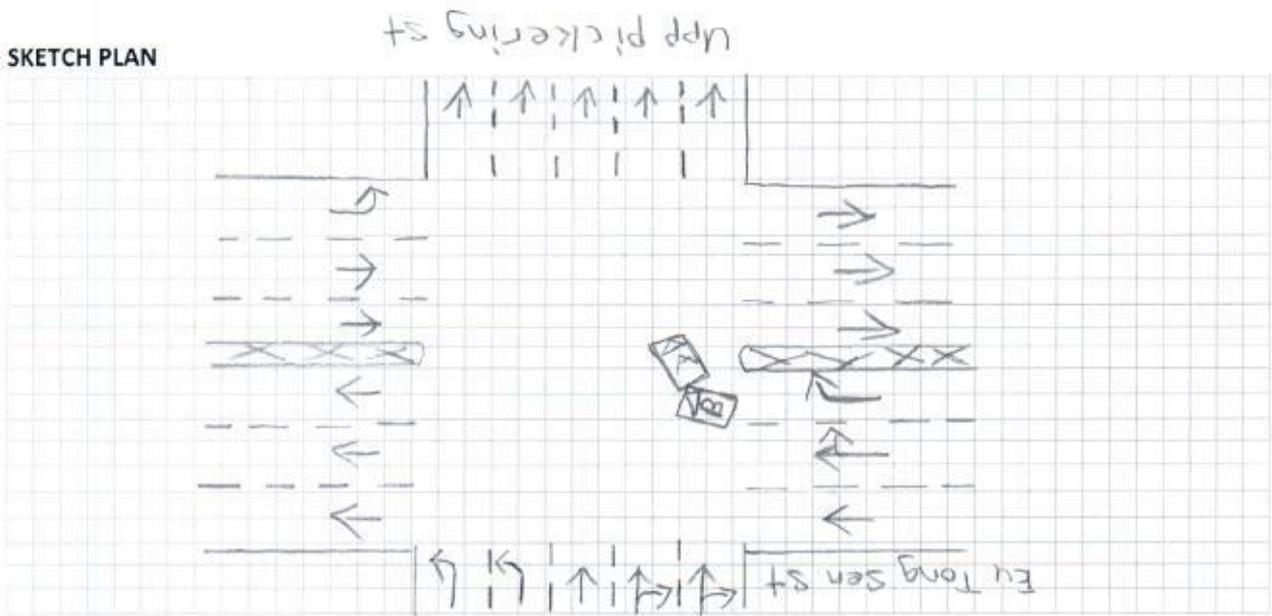


Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1707383D



Name  
NG HOR KIAT

黄河保

Race  
CHINESE

Date of birth  
15-07-1965

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1707383D

Name  
NG HOR KIAT

Birth Date 15 Jul 1965  
Issue Date 15 Mar, 2012



002051274C

3761373



NRIC No. S1707383D



Date of issue  
29-08-2005

Address  
APT BLK 5-80 ANG MO KIO AVENUE 10  
#12-2402  
SINGAPORE 560540

WE ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	22 Mar 1983

NP 428A



Licence No: S1707383D

Hello, NAC\_PAYA\_UBI\_800601

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[Notice of Loss](#)

### Policy Query

Policy No.  Date of Accident:

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087016603-01	BETHLEHEM AUTO	53347232J	GFT	Third Party, Fire & Theft	S)F2404E	S)F2404E	06/10/2017	

▼ Policy Information

Policy No.	5087016603-01	Policyholder Name	BETHLEHEM AUTO	Policyholder NRIC	53347232J
Address	38 ANG MO KIO INDUSTRIAL PARK 2 #03-26 SINGAPORE 569511				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/09/2017	Effective Date	06/10/2017 00:00	Expiry Date	05/10/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	38 ANG MO KIO INDUSTRIAL PA	Address 2	#03-26	Address 3	SINGAPORE 569511
Address 4		Address Type	Singapore address	Post Code	569511
Unit No.	01-369	Related Policy Number	5087016603-01		

▶ Insured Object: SJF2404E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/10/2017 00:00	Basic Information Endorsement	000001286664427	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLS4313D 06-10-2017 \$1,255.11 2. SJM2193B 06-10-2017 \$1,255.11 In view of this amendment, an additional premium of \$2,510.22 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the</p>

Claim Handling

Exit

Accident MT/0982949

Policy No.	5087016603-01	Vehicle No.	S1F2404E	GST Registration No.	
Policyholder Name	BETHLEHEM AUTO	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53347232J
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	[...]
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

**Accident Details**

Report Date	20/02/2018 22:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	19/02/2018	Time of Accident hh:mm	23:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG EU TONG SEN ST & UPP PICKERING ST				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	38 ANG MO KIO INDUSTRIAL PI	Address 2	#03-26	Address 3	SINGAPORE 569511
Address 4		Address Type	Singapore address	Post Code	569511
Unit No.	01-369	Related Policy Number	5087016603-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/07/1965
Unnamed driver Name	NG HOR XIAT	Driver NRIC	S1707383D	Driving Experience	34
Register Date of Driver License	22/03/1983	Driver Age	52	Contact No. (Home)	0
Contact No. (Mobile)	97368717	Contact No. (Office)	0	Address 3	CHENG SAN GREEN
Address 1	BLK 540	Address 2	ANG MO KIO AVENUE 10	Post Code	560540
Address 4	SINGAPORE 560540	Address Type	Singapore address		
Unit No.	12-2402				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	BETHLEHEM AUTO	Insured NRIC	53347232J	
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL	
Email Address		OT Vehicle Number	S1F2404E	TP Vehicle Number	5LH3117T	
Claim Description	S1F2404E / 5LH3117T ON 19 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/02/2018 00:00	
Date Registered	20/02/2018 22:16	Claim Close Date				
Report Taken By	Jackson					

Print AX letter

Save Submit

Attachment

Accident No.	MT/0982949	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2018 22:17

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Browse... Clear	Please Select	NO	Normal
<input type="text"/>	Browse... Clear	Please Select	NO	Normal
<input type="text"/>	Browse... Clear	Please Select	NO	Normal
<input type="text"/>	Browse... Clear	Please Select	NO	Normal
<input type="text"/>	Browse... Clear	Please Select	NO	Normal
<input type="text"/>	Browse... Clear	Please Select	NO	Normal

Send Message **Upload**

**Attachment List**

